

NATIONAL HEADQUARTERS CIVIL AIR PATROL UNITED STATES AIR FORCE AUXILIARY MAXWELL AIR FORCE BASE, ALABAMA 36112-6332

19 September 2001

MEMORANDUM FOR AZ/DOS

FROM: HQ CAP/DOSP

SUBJECT: AZ Wing CAPF 100

- 1. As requested a few days ago by Rich Laherty, your AZ Wing CAPF 100, dated August 2001, in the format attached is approved for usage within your wing.
- 2. If you have any questions, feel free to contact me during duty hours via voice at (334) 953-4228 or via e-mail at jdesmarais@capnhq.gov anytime.

OHN W. DESMARAIS, Major, CAP Emergency Services Plans Officer

cc: AZ/CC

Attachment: AZ Wing Form 100

REQUEST FOR OPERATIONAL MISSION SPECIALTY QUALIFICATION CARD, CAP FORM 101/101T																	
NAME (LAST, FIRST, MI)						GRA	GRADE CAPIL					CHART AZ-	CHARTER NO.				
ADD	RESS (ST	REET, CITY	Y, STATE, Z	IP)						E-MAIL ADDRESS							
HOME TELEPHONE WORK TEL				ELEPHO	NE	CELLULAR/PAGE		E TEL	TELEPHONE		RADIO CALL		RADIO OPERATOR AUTH (NO./DATE)				
HEIGHT (IN) WEIGHT EYES				HAIR BIR		I ΓHDATE (D,M,Y)							APPLICATION FOR:				
									☐ SENIOR		R 🗌 CADET		☐ CAPF 101 ☐ CAPF 101T				
EME	RGENCY	RIMARY T	MARY TELEPHONE					SECONDARY TELEPHONE									
FAA CERT. NO. FAA M				IEDICAL (CLASS/DAT) CAP	CAPF 5 DATE 8		YPE A/C		CAPF 91 DATE		TOTAL HRS PIC MOU		C MOUN	NTAIN CLINIC	
FAA CERT, RATINGS/LIMITATIONS																	
SPE	CIALTY	RATING(S) REQUES	TED			N "X" OVE EACH RE				G	☐ INITI/		☐ UPG	GRADE INSFER		
					LAST MISSION		ISSION DATE								MISSION DATE		
1	GENERAL EMERGENCY SERVICES							14	GROUND TEAM LEADER								
2	INCIDENT COMMANDER							15	GR	DUND	OUND TEAM MEMBER						
3	AGENC	AGENCY LIAISON						16	URBAN DF TEAM								
4	OPERAT	OPERATIONS SECTION CHIEF						17	INFORMATION OFFICER								
5	PLANNII	PLANNING SECTION CHIEF						18	FLIGHT LINE SUPERVISOR								
6	LOGIST	ICS SECTIO	N CHIEF			19 FLIGHT LINE MARSHALLER						LER					
7	FINANCE/ADMIN SECTION CHIEF							20 COMMUNICATION UNIT LEADER									
8	AIR OPE	ERATIONS E			21 MISSION RADIO OPERATOR												
9	GROUND BRANCH DIRECTOR							22	MISSION SAFETY OFFICER								
10	SAR / DR MISSION PILOT							23	LIAISON OFFICER								
11	TRANSPORT MISSION PILOT							24	MISSION CHAPLAIN								
12	MISSION OBSERVER							25	MISSION STAFF ASSISTANT								
13	MISSION	MISSION SCANNER						26	RADIOLOGICAL MONITOR								
27	TECHNI	CAL SPECIA	ALIST:			· ·			I					1			
CAPT 116 COMPLETION DATE:								FIRST AID TRAINING /QUALIFICATION: STANDARD DATE EXPIRES:									
STATE DRIVER'S LICENSE NO.								ADVANCED									
CAP DRIVER'S PERMIT (CAPF 75)							☐ CF	☐ MULTIMEDIA ☐ CPR ☐ EMT/EMICT/PARAMEDIC									
FCC RADIOTELEPHONE PERMIT									.,								
CAP MEMBERSHIP EXPIRES								ATTACH SUPPORTING DOCUMENTATION IN ACCORDANCE WITH INSTRUCTIONS ON									
PRESENT CAPF 101 EXPIRES								REVERSE.									
			EQUIRED S INDICAT		ING HAS	BEEN S	SATISFA	CTOR	ILY C	OMPI	LETI	ED AND	THAT TH	IE MEMI	BER IS Q	UALIFIED IN	
SIGNATURE OF REQUESTOR								DATE			TYPED NAME/GRADE O			OF RE	OF REQUESTOR		
SIGNATURE OF UNIT COMMANDER								DATE			ACTION NO. CA			CARD N	ARD NO.(CAPF 101T)		
SIGNATURE OF GROUP COMMANDER								DATE			ACTION NO.			CARD NO (CAPE101)			
SIGNATURE OF WING/REGION COMMANDER								DATE			ACTION NO.			CARI) N	ic) (C:APF	7()71	

INSTRUCTIONS FOR COMPLETING ARIZONA WING FORM 100

- 1. Complete all applicable blocks, do not leave out requested information.
- 2. Indicate the specialty ratings or training areas (maximum of three training areas at any one time) requested.
- Use a separate application for CAP Form 101 and 101T.
- 4. Attach the following supporting documentation as applicable to the ratings (or training areas) requested:
- 5. All applications:
 - a) Copy of CAP Form 116 completion record (top of answer sheet) for initial application (<u>not</u> required for subsequent or renewal requests).
 - b) Copy of Radio Operator Authorization Card.
 - c) Evidence of current CAP membership (copy of membership card).
 - d) Evidence of prerequisite qualifications or training (copy of previously issued CAP Form 101, course completion certificate, etc.).
 - e) Evidence of satisfactory completion of required classroom instruction.
 - f) Evidence of satisfactory completion of required specialty training (copy of endorsed CAP Form 101T indicating training received) (initial application for a particular specialty rating only).
- 6. Pilots:
 - a) Copy of current FAA pilot and medical certificates.
 - b) Copy of current CAP Form 5.
 - c) Copy of current CAP Form 91 (SAR/DR mission pilot only).
 - d) Evidence of current FAA flight review (copy of logbook page or other record).
- 7. Ground Team Leaders and Members. Copy of first aid (or equivalent) training certificate.
- 8. Submit CAP Form 100 along with one (1) copy of the required supporting documentation through the unit commander to:

Arizona Wing Emergency Services 932 W. Deer Valley Road, Box 16 Phoenix, Arizona 85027